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AUTHOR	Archambo, Judith P.; Briscoe, May E.
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ABSTRACT

Volume I of this final report, an overview of Kentucky's multi-county Rural Child Care Project, describes the project's history, purposes, structure, and procedures in administering child-development, social-work and homemaking services. The day care program, which became a full-year Head Start program in 1967, is one aspect of the effort to provide socialization experiences, total family participation, and health and welfare services for all members of project families within a self-help framework. One characteristic of the Rural Child Care Project is that all staff at the county level are indigenous nonprofessionals trained on the job to provide project services. In the document, major divisions are "A Description of the Rural Child Care Project, 1965-1969" (which focuses on professional and nonprofessional staff duties and training, staff turnover, career development for staff, and staff characteristics); "Recruitment of Project Families," "Child Development Center Program," and "Social Services." Included are 1 table and 14 references. Related documents are RC 005 578 and RC 005 579. (MJB)

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RURAL CHILD CARE PROJECT

1968-1969 Research Evaluation

Contract No. OEO 4205

FINAL REPORT

Volume I

A Description of the Rural Child Care Project, 1965 - 1969

Submitted to: The U.S. Office of Economic Opportunity
Office of Research

PRINCIPAL INVESTIGATORS: Judith P. Archambo, Ph.D.
May E. Briscoe, Ph.D.

INSTITUTION: Kentucky Child Welfare
Research Foundation, Inc.
P.O. Box 713
Frankfort, Kentucky 40601

TRANSMITTED BY: Harry C. Green
Executive Director

October 30, 1970

The research reported herein was performed pursuant to a contract with the Office of Economic Opportunity, Executive Office of the President, Washington, D.C. 20506. The opinions expressed herein are those of the author and should not be construed as representing the opinions or policy of any agency of the United States Government.

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(Volume II of this report contains all materials related specifically to the hypotheses proposed for the 1968-1969 research evaluation.)

A DESCRIPTION OF THE RURAL CHILD CARE PROJECT, 1965 - 1969

The 1968-1969 Statement of Work, Extension (OEO Contract No. 4205) specifies that the current research evaluation of the Rural Child Care Project include:

> "... a description of input variables of the program both historically and currently in greater detail, e.g., the daily program for the children, the training program for the staff, the program for the parents in the home, etc. and a description of recruitment procedures stating criteria for selection and rejection in the program."
> (Statement B, page 2.)

Such an overview of the Project's history, purposes, structure and procedures is presented in this volume of the 1968-1969 Final Report in order that procedures and findings of the current research evaluation can be examined with respect to the on-going Project as a whole. In addition, a written description of the Project is needed since only partial accounts of its history and program are available in proposals, reports and the personal recollections of its staff.

The Rural Child Care Project ("Community Protective Services for Youth", 1965)[1] was originally conceived as the result of joint efforts between the Kentucky Department of Child Welfare and the Kentucky Child Welfare Research Foundation, Inc., an independent, not-for-profit corporation established in 1962 for the purpose of conducting research, demonstration and training programs related to families and children within Kentucky. On March 4, 1965, a research and demonstration grant was awarded to the Kentucky Child Welfare Research Foundation, Inc. by the Office of Economic Opportunity (Grants 65-437-1-D and 65-437-1-TR) to establish the Rural Child Care Project. During 1965-1966, the Project established two Day Care Centers in each of seven counties (Elliott, Knott, Lee, Magoffin, Morgan, Owsley and Wolfe) selected as among the most impoverished in the eastern Kentucky section of Appalachia. Additional Centers were established in Floyd, Harlan and Letcher counties under third party contract arrangements. "Outreach" Centers set up on a half-day, reduced-staff basis, were run by the Project in isolated sections of Harlan (Ages and Closplint), Knott (Redfox), Bell and Clay counties (technical assistance was provided). During fiscal 1967-1968 Rural Child Care Project Centers in ten counties (Elliott, Floyd, Harlan, Knott, Lee, Letcher, Magoffin, Morgan, Owsley and Wolfe) were funded as full-year Head Start programs under a single grant from the Office of Economic Opportunity (OEO Grant No. CG-2569-A). "Outreach" Centers (Harlan and Knott counties) which remained in the Project were expanded to full-day operation during the 1969 fiscal year.

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[1]For a complete listing of all contract and grant proposals, manuals and reports referred to in this volume, please refer to pages 47-48.

Initially named "Project Hope", the Rural Child Care Project was conceived as a program designed to break the cycle of poverty in eastern Kentucky. The goals of the Project are to provide day care, social case-work and homemaking services to isolated rural families in economically depressed areas. From its inception the Project has been characterized by a strong social service emphasis. The day care program, which became a full-year Head Start program in 1967, is viewed as but one aspect of a total effort to provide socialization experiences, greater community participation and health and welfare services for all members of Project families within a self-help framework. A second characteristic of the Rural Child Care Project is that all of its staff at the county level are indigenous non-professionals trained on the job to provide Project services.

TRAINING

A unique aspect of the Rural Child Care Project is that Social Workers, Homemakers and the Child Development Center staff are native to the Appalachian area and have not had the formal education which would customarily qualify them for such positions.[1] The non-professional status of the Project staff is demonstrated by Table 1, which indicates the average number of years of education completed for each of the non-professional staff positions. Therefore, in order to overcome this lack of formal education, the Project includes a training component. A basic assumption underlying the Project is that indigenous, disadvantaged individuals can be trained to provide child development and social services.

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[1]Hence, the terms sub-professional and non-professional.

TABLE 1: MEAN NUMBER OF YEARS OF EDUCATION COMPLETED BY THE NON-PROFESSIONAL STAFF (December, 1967)

Position	Mean Number of Years of Education Completed	N
Social Worker	14	10
Case Aide*	12	9
Clerical Aide	12	11
Senior Teacher and Teacher	12	39
Teacher Aide	10	42
Homemaker	10	29
Transportation Aide	9	18
Cook	8	15
All Non-Professional Staff	11	

*This position discontinued in 1968-1969.

Rural Child Care Project Staff[1]

A distinction should be made here between the Program staff and the Project staff of the Rural Child Care Project. The Program staff, located in Frankfort, is composed entirely of professionals. The Project staff is composed exclusively of non-professionals and its offices are located in the ten Project counties.

Program Staff

The role of the Program staff (which is composed of the Project Director, Program Coordinator, Child Development Training Specialist, Social Worker/Homemaker Training Specialist, Area Training Supervisors and Regional Training Supervisors) is to provide supervision and training, formal training, as well as on-going training for the Project staff.

The Project Director is responsible for the administration, operation and direction for all aspects of the Rural Child Care Project. This position requires a Master's degree in one of the behavioral sciences and four years of administrative experience.

[1]A complete description of all Rural Child Care Project staff positions is contained in the Rural Child Care Project, CG-2569, 1969.

The Program Coordinator has the responsibility for component programs within the Rural Child Care Project (e.g., Policy Advisory Committee Program, Volunteer Program, public relations, recruiting staff at all levels). The position of Program Coordinator requires a Master's Degree in the behavioral sciences or a Bachelor's Degree and two years of related experience.

The Child Development Training Specialist[1] has the administrative and supervisory responsibility for the operation of the training aspects of the child development program. He supplies on-going training material as requested by the supervisory staff and evaluates the child development training program. This position requires a Master's Degree in early childhood education and two years of experience.

The Social Worker/Homemaker Training Specialist[1] has the administrative and supervisory responsibility for the training of Social Workers and Homemakers. He supplies on-going training material as requested by the supervisory staff and evaluates social service and homemaking training programs. A Master's Degree in social work plus two years of experience is required for this position.

The Area Training Supervisor[1] plans for and provides on-going training and supervision for those Regional Training Supervisors assigned to him. He evaluates each training session held for those Regional Training Supervisors for whom he is responsible and supervises and evaluates training provided by Regional Training Supervisors to the county staffs. This position requires a Master's Degree in the social sciences supplemented by two years of related experience.

The Regional Training Supervisors plan for and provide on-going training in their assigned counties and as a result of supervisory conferences with the county staff, gather information from which the Training Specialists can build the on-going training program for the child development and social service staffs. They also evaluate the effectiveness of the Child Development Centers, Social Workers and Homemakers to determine areas in which training has been effective and areas where more training is needed. This position requires a Bachelor's Degree, but no major is specified. At present, the Rural Child Care Project employs six Regional Training Supervisors.

Project Staff

Implementation of the child development and social services programs is the responsibility of the Project staff, which consists of Social Workers, Case Aides, Homemakers, Clerical Aides, Senior Teachers, Teachers, Teacher Aides, Cooks and Transportation Aides.

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[1]During fiscal 1970 these positions have been combined into one position called "Education Specialist".

The Social Workers are trained to provide protective service work to Project children and their families; in addition, they are trained to assist in the on-going training of the rest of the Project staff. The Social Workers supervise and coordinate the child development program and the homemaking program. For this position a Bachelor's degree is preferred but not required. Each county has one Social Worker except Harlan which has two.

The Case Aides were trained to provide, under supervision, essentially the same services as the Social Workers in order to lighten the case load of the Social Workers. This position required graduation from high school with at least two years of experience. The position of Case Aide was created in 1967-1968 and one Case Aide was hired in each of the ten Project counties. However the Case Aide position was subsequently eliminated in 1968-1969, due to a budget cut.

The Homemakers are trained to teach mothers, individually and in groups, good housekeeping practices, methods of child care and to maximize available resources. Practical experience in homemaking is required for this position. Three Homemakers are employed in each Project county except in Harlan county where there are four.

The Clerical Aides perform typing, clerical duties, related office work and serve as receptionists for the Social Workers' offices. Graduation from high school and clerical skills are required for this position.

The Senior Teachers are trained to serve in an administrative capacity in the Child Development Centers and are also responsible for teaching a class of children. This position requires successful completion of high school (or equivalency examination) and two years experience in caring for children. One Senior Teacher is employed at each Child Development Center except Redfox which dones not have one.

The Teachers are trained to teach a class, under supervision, and participate in planning the program for the Center. They assume responsibility for the Center in the absence of the Senior Teacher. For this position two years responsible experience in caring for children is required and successful completion of high school (or equivalency examination) is preferred. One Teacher is employed in each Child Development Center.

The Teacher Aides are trained to teach a class in the Child Development Centers under supervision and to participate in planning the program for the Center. Successful completion of the eighth grade and one year of practical experience in caring for children are required for this position. Two Teacher Aides are employed in each Child Development Center except Ages and Closplint which have none and Redfox which has one.

The Cooks are trained to prepare and assist in serving breakfast, snacks and a well-balanced noon meal. Completion of the fourth grade and considerable knowledge of food preparation and kitchen maintenance

are required. The number of Cooks employed varies from county to county. In counties where the Child Development Centers are located in the public schools, no Cooks are required. In other counties, each Child Development Center has its own Cook.

The Transportation Aides transport children to and from the Child Development Centers from those areas which cannot be reached by regular school buses. Although there are no educational requirements for the position of Transportation Aide, they must meet all of the requirements of the County Boards of Education for transporting children including adequate insurance coverage. The number of Transportation Aides employed varies from county to county. Some counties have no Transportation Aides while others have as many as four.

Training Program

The training program for the county staff, which was devised before the Rural Child Care Project began in 1965 and has continued with the same basic structure to the present, consists of three phases (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965): (1) combined academic and practicum orientation, (2) on-going, in-service job experience under supervision and direction, (3) continuing educational experience consisting of attending workshops and training programs, obtaining high school equivalency certificates and college level coursework.

Past Training

The general pattern of the initial training sessions were: an introduction to the Project, a period of observation in Day Care Centers, followed by formal lecture presentations by the Training Specialists, Area and Regional Training Supervisors and consultants, concluding with a discussion period. The topics covered in these sessions were necessarily selected by the supervisors. These initial training sessions were planned by the Project Director, Assistant Project Director , Administrative Assistant (this position is now called Program Coordinator), the two Training Specialists and the Kentucky Department of Child Welfare's Director of Training.

In the early training sessions, consultants presented information to the trainees to initiate the process of understanding human behavior according to individual needs and to help them understand the helping process wherein people's behavior alters only as their needs are met. The association with professional people who have served as consultants in the training sessions and who perform as supervisors was designed to improve their self-image of the county staff members. For many, this was their first experience in working with professional people in a cooperative effort.

One of the goals of the Project since 1965 has been to use the sub-professional staff as trainers. During 1967-1968 and 1968-1969, the Project has been able to achieve this goal (Rural Child Care Project, CG-2569-C, 1969). Lecture-type presentations (necessary in

initial training) gave way to more of a workshop format as a result of suggestions made by both the Project and Program staffs. Now both staffs are involved in coordinating training sessions and in serving as trainers. Many of the topics covered are suggested by the Project staff as areas in which they are interested or feel the need of assistance.

Consultants are brought in to add additional depth to subjects under discussion. Smaller groups are involved in the training sessions and the sessions last for a shorter period of time. The emphasis has shifted from large Project-wide training sessions scheduled several times a year, held in Lexington or Louisville and lasting for one or two weeks to smaller sessions with only a few counties or a few staff positions represented and lasting only a few days, held in or near the staff's home county. During 1967-1969, there was one large "formal" training session for all staff held in the spring and another one held in the early fall. These were generally conducted in Lexington and lasted, on the average, for four days. This type of session will not be continued in fiscal 1970.

The focus of orientation training has changed from a week-long lecture with films and observation periods to on-the-job training conducted by the respective supervisors. There are necessarily some topics which must be presented formally to the new trainee as a background on which to place further training. The formal orientation training proposed for 1969-1970 (Rural Child Care Project, CG-KY 2569-C, February 14, 1969.) covers the following topics:

1. Explanation of the social welfare system
2. Explanation of OEO (including discussion on the organization's structure and various program accounts)
3. Background and organizational structure of Kentucky Child Welfare Research Foundation
4. Background and philosophy of Rural Child Care Project (including discussion around such questions as: Why a child development program? Why involve families?)
5. Rural Child Care Program
   a. components
   b. staff roles and responsibilities
   c. community involvement (including a discussion of the volunteer program, Policy Advisory Committee, available resources and public relations)
6. Specific information and techniques relating to job responsibilities (This area relates directly to the employee's position; for example, a Social Worker would receive training in interviewing techniques.)
7. Ethics and values (This refers to topics such as confidentiality and a belief in self-determination.)
8. Rural Child Care Project policies, procedures and forms.

Present Training

The focus of training at the present is to instruct Project staff members in new or improved methods of providing services and to teach them to train other staff members in these procedures.

Each Project Continuation Application (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965; Rural Child Growth and Development Project, 66-437-1-D and 66-437-1-TR, 1966; Rural Child Care Project, CG-2569-A, 1967; Rural Child Care Project, CG-2569-B, 1968; and Rural Child Care Project, CG-2569-C, 1969.) contains a description of proposed formal and on-going training for the Project staff of the Rural Child Care Project. These projections are based on needs as they are viewed by the Training Specialists and as a result of feedback from supervisory and operational staff. They are, however, flexible and are subject to adjustments whenever and wherever it is deemed necessary. (Rural Child Care Project, CG-2569-C, 1969.) In addition to this prescheduled training and orientation training for new employees, special training to meet specific individual needs or problems is also utilized.

General Purposes of Training

Training has two general objectives which are reflected in the content of the training sessions. The Project staff is provided with the skills, methods and techniques to discover and meet the needs of the children and families with whom they work. Training has also been designed to provide personal growth and development for the individual staff members themselves.

The training sessions are held to acquaint the county staff members with their specific job duties and their relationships with other Project staff members. More specifically, the training sessions try to help them understand the families they work with and how they might assist in meeting the needs of the families and their children. Much of the training concentrates on coordinating the past experience of staff members with new information and showing them how to apply this broadened knowledge.

An attempt is made during training to reinforce desirable personal qualities (e.g., sensitivity, warmth, loyalty, leadership) which the trainees bring to their jobs. Training has been designed to enable the staff to identify with the philosophy and goals of the Project. Time has been devoted to spelling out the general role the trainee is to assume within the Project framework and importance has been placed on the trainee realizing the value of the role he will fill in addition to understanding his explicit job duties.

General Implications of Training

In a program such as the Rural Child Care Project which utilizes a completely non-professional staff, problems in training arise which are due simply to characteristics of the trainees. While the staff is exposed to a great deal of training, some of them are not able to apply it in their job roles effectively. It has become evident that the indigenous sub-professional learns best when given small amounts of material presented repeatedly over a fairly long period of time. Often the vocabulary and method of presentation used by consultants and Project staff in training sessions has been too complicated. Thus a major problem encountered in all phases of training is that of simplifying content so that it can be assimilated and applied. The trainees are asked to assimilate so much material so rapidly that some of it quite naturally is lost. New material is given when indicated by the readiness of the trainees. Also, it has been recognized that different groups are functioning on different levels and the training must be carried on accordingly. Both on-the-job training and supervision have been planned to reinforce formal training (Rural Child Care Project, Ky-CAP-66-0437, 1967).

In the early training session, the need to orient the trainees to concepts of supervision was evident. Most Project staff members are the product of a rigid authoritarian culture. The interaction of the supervisor-supervisee teaching relationship in which experiences, ideas and knowledge were shared was foreign to them. The trainees had a tendency to conform, inhibit ideas and follow policies mutely even though they might inwardly disagree or have positive suggestions (Rural Child Care Project, 66-712-1, 1967). Early supervisory efforts tended to reinforce this orientation. However, more recent efforts on the part of Regional Training Supervisors have stressed consistency in job role expectations and open communication.

There have also been many benefits derived from the training component of the Project. A rather evident one is the quality of services offered to Project families compared with the services offered in 1965. For example, Homemakers and Social Workers have become highly efficient in referring families to community agencies. Project personnel were instrumental in the establishing of Day Care Centers for mentally retarded children in several of the ten Project counties.

Because of the type of material offered in training sessions, many of the trainees have stated that they have come to understand themselves and their own families more clearly. As with any other person who enters a helping profession, it is felt that they have gained insight into their own strengths and weaknesses. Some of them have stated that their methods of dealing with their own families have changed favorably since they began working for the Project (Rural Child Care Project, Ky-CAP-66-0437, 1967).

The Kentucky Child Welfare Research Foundation is convinced that the investment in training will pay long-term dividends. Presently, the Project families are benefitting from the staff's knowledge gained from training. Also it is felt that each staff member has received personal benefits from training. The demands of the job are believed to have broadened their perception of the world. Lastly and equally important, the community, it is hoped, will profit from the training offered to the staff. It will gain from any one individual who uses the Project's services to help himself and, in addition, the community benefits from the addition of a member who has developed job skills and good work habits. (Rural Child Care Project, 66-712-1, 1967.)

The major drawback encountered in a training program of this nature is the necessity of devising more effective training procedures. The need which the non-professional staff has for training is greater than their ability to incorporate training effectively. In the process of simplifying training content, a great deal is often lost. It has been observed that a "plateau effect" may be operating which minimizes the effectiveness of higher level training efforts. That is, the non-professional staff acquires certain skills and procedures up to a certain level, but beyond that point further learning occurs slowly, if at all, unless new methods are used and new sources of motivation are found.

General Evaluation of Training Effectiveness

The training evaluation originally planned (before the Project actually began) was quite extensive. (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965.) It was proposed that the results of training of the non-professional staff be investigated by: (1) a system of instructor ratings, self-ratings and peer ratings before, during and after training; (2) the attitudes of the families toward the sub-professionals before, during and at the end of their service; and (3) the attitudes of the community towards their neighbors on the Project staff. These were to be measured at the start of the Project, after six months, and at the end of the first year. However, this proposed evaluation was not feasible because it was felt that it would be perceived as threatening by the resident non-professional staff and no further attempts were made to assess the effects of training until 1967-1968 when a small-scale evaluation was done. This evaluation was to be accomplished by (1) obtaining supervisors' ratings of the performance of each Project staff member at regular intervals and (2) using objective tests which would cover the materials presented in training sessions. It was learned, however, upon consultation with members of the Program staff, that use of objective tests covering material presented at training sessions would not be practicable. During the first quarter of the 1967-1968 fiscal year, an employee evaluation form was introduced for purposes of securing supervisors' ratings of the effectiveness of the sub-professional staff in performing their duties. The 1967-1968 Rural Child Care Project Final Report (OEO Contract No. 4205) presents

a complete report on this method of evaluation, which has since been discontinued by the Program staff primarily because of supervisory staff turnover.

All non-professional staff members are requested to submit an evaluation of each training session they attend. The following information is requested from them (Rural Child Care Project, Report of Social Workers, Homemakers and Clerical Aides Training Session, 1966.): (1) session most helpful, (2) session least helpful, (3) general comments on total training session - both positive and negative, (4) suggestions and recommendations for other training sessions.

These evaluations have been most useful in assessing the non-professional's reaction to the training sessions. Most of them contain generally positive comments about the training session - the subjects covered, the consultants, scheduling, grouping and accommodations. Criticism with regard to all aspects of training has always been encouraged and through these individual evaluations, many criticisms have been received - constructive and otherwise. These criticisms and the suggestions made by the Project staff are taken into consideration when further training is planned. In some cases, as a result of these evaluations, staff members have designed their own training sessions.

The Regional Training Supervisors and Area Training Supervisors also evaluate the session (in terms of their reaction to the training session and the trainees' reactions and evaluations) using the same general outline as the non-professionals and make suggestions or recommendations for future training. The Training Specialists then evaluate the session as a whole, using the staff evaluations (both professional and non-professional) and make overall recommendations for further training for both the Program and Project staffs.

During the 1969 fiscal year, the position of Child Development Training Specialist has been unfilled. There are two major handicaps in filling this position: first, the higher educational system in this area is not producing enough qualified professionals to meet the demand; second, many professionals resist employment that requires as much travel as this Project does. Therefore, the present staff has attempted to plan and coordinate the limited child development staff training that has been done. Available child development specialists have been consulted and they have assisted in providing training and serving as a resource to the Program staff (Rural Child Care Project, CG-2569-C, 1969.) In addition, the absence of a Child Development Training Specialist has required each of the Regional Training Supervisors to acquire much greater proficiency in this area than before.

There are many areas of the Child Development Center program which are not of professional quality. However, the Program staff feels that the resident non-professional staff members have increased their understanding of what a child can do, have gained competence in the techniques and methods of fulfilling children's needs and have exhibited a desire

to learn more. It is assumed that with further training and with time, the Child Development Center staff will add further refinement to the Child Development Center program. (Rural Child Care Project, 66-712-1, 1967.)

In many instances, the improvement expected within certain areas of the Project will be reflected specifically in the training projected for a certain time period. However, it is necessary for training to be sufficiently flexible to meet needs and reflect program directional changes as they occur.

Specific Training of Professional (Program) Staff

Regional Training Supervisors

Although the Regional Training Supervisors' position is considered to be a professional one, the individuals in these positions receive extensive on-going training. Frequently these training sessions are conducted for the Regional Training Supervisors and a non-professional position - generally Social Workers. For example, a future training session (Rural Child Care Project, CG-2569-C, 1969.) has been planned for Regional Training Supervisors and Social Workers for further training in supervisory skills. It is felt that regular assistance is needed in order for them to improve their supervisory skills. The session will be organized by the Social Worker/Homemaker Training Specialist and consultants will be included if necessary.

Some of the topics which have been covered in sessions only for the Regional Training Supervisors are (Rural Child Care Project, Ky-CAP-66-0437, 1967.):

I. Orientation to the Kentucky Child Welfare Research Foundation
   - A. Review of forms manual
   - B. Review of casework manual

II. Roles of Employees in the Rural Child Care Project
   - A. Fiscal procedures for which county Clerical Aides and Social Workers are responsible
   - B. The role of the Rural Child Care Project Social Workers and a resume of their training for this[1]
   - C. The role of the Rural Child Care Project Homemakers and a resume of their training for this[1]
   - D. Lines of responsibility

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[1]In addition to discussion of the material covered on Training Sessions for this group of employees, Regional Training Supervisors were given, in written form, the material discussed as well as presentations by other people.

III. Some Specific Duties of the Social Worker
  A. Handling resistance to the program
  B. Referrals to other agencies
  C. Quarterly reports
  D. Case recording
IV. Homemaker Service
  A. Philosophy and history of Homemaker service
  B. Homemaker recording
V. Theory and Practice of Working with Families
  A. Discussion - helping others and asking for help
  B. Discussion of case examples - typical to families within the Project emphasizing both casework and Homemaking aspects of the Project
VI. Use of Supervision

Specific Training of Non-Professional (Project) Staff

Social Workers

Because the county Social Workers were the ones who did the initial recruiting for the Project and in effect got the Project underway, they were the first to be hired and trained, but due to the necessary rush to get the program in operation, all of the Social Workers were given only minimal initial training. The initial training session for the six county Social Workers in whose counties the Project was scheduled to begin in the fall (Elliott, Lee, Magoffin, Morgan, Owsley, Wolfe) was held in July, 1965, for four days in Lexington. (Orientation training was planned and carried out with new employees on an as-needed basis. When possible, new staff members holding the same position in different counties were trained together.) Topics covered at this orientation session were: Project philosophy, personnel policies, duties of the Social Worker, case recording, and community resources. The Social Workers were shown films and given an opportunity to observe private day care nurseries in operation. (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965.)

Some of the topics which have been covered in most recent training sessions for Social Workers are:

I. General Orientation to the Kentucky Child Welfare Research Foundation, Inc.
  A. Discussion of organizational structure
  B. Personnel policies and procedures
  C. Fiscal policies and procedures
  D. Roles of employees in the Rural Child Care Project
    1. role of the Social Worker
    2. responsibilities of Clerical Aides
    3. Child Development Centers
      a. observation in a Child Development Center
      b. role of the Child Development Center staff

4. role of Homemakers
5. role of Case Aides
6. role of research in the Project

E. Lines of responsibility

II. Working Within the Community
   A. Handling resistance to the Project
   B. Available resources within the counties
   C. The medical assistance program
   D. Correspondence and referrals to other agencies

III. Specific Help in Carrying Out the Responsibilities of the Social Worker
   A. Ethics and attitudes of the Social Worker
   B. Establishing helping relationships with families
   C. Helping people and asking for help
   D. Interviewing techniques
   E. Growth and development of the child
   F. Discussion of case examples
   G. Case recording

IV. Supervision
   A. How to give supervision
   B. How to use supervision

The focus of the Social Worker (and Homemaker) program during the 1968-1969 year has been basically on polishing many of the skills which the staff members already have and toward developing new ones. Training, similar in nature to the nutrition and foods course taught by the Regional Training Supervisors in 1967-1968 and then taught to the parents by the Social Worker and Homemakers was provided in sessions dealing with sewing, home furnishings and home management. (The Social Worker may be asked to attend training sessions planned primarily for other county personnel if the material to be presented is deemed helpful to him. This decision is made by the appropriate Training Specialist and the Project Director. [Rural Child Care Project, Ky-CAP-66-0437, 1967.])

Continued development of perceptual skills and sensitivity was the goal of supervision and the following training sessions (Rural Child Care Project, CG-2569-C, 1969.): the client, community resources, health information, special client groups, and human growth and development. It is hoped that these sessions have provided the staff members participating with a wider horizon with regard to the people with whom they are working and the communities in which they live.

The Regional Training Supervisors have provided much on-going training for the Social Workers (as well as the Homemakers, Child Development Center staff and Clerical Aides). For example, one Regional Training Supervisor is presently holding monthly seminars for the Social Workers and Senior Teachers. These meetings are being held in an effort to help sharpen the supervisory skills of this group.

Case Aides

The position of Case Aide was created in the 1966-1967 Project year and the Case Aides started to work on January 3, 1967. The position was discontinued in fiscal 1968-1969. The training of the Case Aides included the following (Rural Child Care Project, Ky-CAP-66-0437, 1967):

I. General Orientation to the Kentucky Child Welfare Research Foundation, Inc. (See Social Worker Training Outline)
II. Specific Duties of the Case Aide
    A. Responsibilities of the Case Aide
    B. Case recording
III. Theory and Practice of Working with Families
    A. Helping others and asking for help
    B. Qualities and attitudes which make it possible to help others
    C. Case examples

Homemakers

The position of Homemaker was the last to be filled by the Project because, first, families had to be recruited and good relationships with them had to be established before homemaking service could begin. The initial training was held for two weeks in the latter part of August in 1965. All Homemakers trained after this initial group, were trained for one week, then worked in the Homemaker role in their home county for one or two weeks and then attended their second training session. The two sessions of training, it was felt, enabled the Homemakers to obtain an overall view of the Rural Child Care Program and the importance of Homemakers to the success of the total Project. The two session initial training was designed to help the Homemakers recognize the value of their own past experience in helping others and how this experience could be utilized in carrying out their new role as Homemakers (Rural Child Care Project, 66-712-1, 1967).

The training sessions, whether given as a two-week program or two one-week programs, were planned to help the Homemakers develop understanding of the families with whom they would be working and to coordinate the basic skills and information regarding nutrition, home management, family health and child development.

The following outlines the areas covered in initial training (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965):

I. General Orientation to the Kentucky Child Welfare Research Foundation, Inc. (See Social Worker Training Outline)

II. Orientation to Homemaker Services
   A. Work of the Homemaker
      1. kinds of work and working situations
      2. difference between working in own home and working under supervision
      3. importance of the service given
      4. records to be maintained
   B. Desirable personal qualities to cultivate
      1. underlying reasons for and importance of these qualities
      2. some ways to strengthen such personal qualities
III. Role and Responsibility of the Homemaker to Others
   A. To professional people
   B. To sub-professional people
   C. To families with which she works
   D. To the Kentucky Child Welfare Research Foundation
   E. Responsibilities of the Homemaker
IV. Basic Needs of People, Family Differences and Work with Children
   A. Understanding for working effectively with people
      1. common human needs or desires
      2. some characteristic behaviors when common human needs are not met
      3. possible effects of illness or disrupted family routines on behavior of family members
      4. implications of common human needs for effective methods of work by the Homemaker
   B. Families
      1. differences among families
      2. value of differences in families
      3. effects of socio-economic factors on family living
      4. importance of accepting family patterns which differ from the Homemaker's
   C. Children and youth in the family
      1. types of behavior typical of children from preschool period through adolescence
      2. the school dropout
      3. possible relation of some non-cooperative behavior to common needs of children
      4. methods of working with children who display disruptive or non-cooperative behavior
   D. Care of children
      1. needs of infants and toddlers
      2. supervising activities related to young children in the family
      3. supervising the performance of older children in carrying out their household tasks and accustomed responsibilities

V. Working with Families with Several Problems
   A. Coping with special problems in the family
      1. some problems encountered
      2. providing needed care
   B. Services for the convalescent
      1. helping provide for and maintain bodily and emotional comforts
      2. personal care services under professional direction
      3. supportive care
VI. Assisting Family with Nutritious Meals
   A. Planning and preparing nutritious meals within family budget
      1. planning meals
      2. preparing special diets as needed
      3. planning for shopping of household supplies
      4. keeping records of all expenditures
VII. Housekeeping Tasks
   A. Housekeeping
      1. seasonal or occasional tasks
      2. routine tasks
   B. Use, care and operation of household equipment
      1. stoves and refrigerators
      2. cleaning equipment
      3. improvised equipment
   C. Safety and sanitation in the house
      1. accident prevention
      2. proper use of equipment
      3. safe working procedures
      4. control of insects and vermin

Some of the topics which have been covered at later regional and local training sessions for the Homemakers are (Rural Child Care Project, Ky-CAP-66-0437, 1967.):

I. Theory and Practice of Working with Families
   A. Experiences in helping others and asking for help
   B. Qualities and attitudes necessary to helping people
   C. Discussion of case examples typical to families with whom they work
   D. Simplified discussion of basic human needs
   E. Ways of approaching families
   F. Gaining acceptance into the homes of clients
   G. Developmental needs of the preschool child
II. About the Homemaker Herself
   A. So now you are a working woman
      1. adjustments that might be expected to be necessary with her own family
      2. possible feelings and frustrations with which she might need to deal
      3. her image in the community
   B. How the Homemaker can protect her health on the job

III. Specific Tools and Information
   A. Food and nutrition
   B. Making use of what a family has for household storage and organization
   C. Basic discussion of child care
   D. Introduction to adult education
   E. Health, safety and sanitation
   F. Use and purpose of the Homemaker kit
   G. Homemaker recording
IV. Community Resources
   A. Extension Department
   B. Department of Economic Security
   C. Health Department

There has not been as much on-going training for the Homemaker as perhaps would have been desirable. This happened because the use made of homemaking services in the Rural Child Care Project is unique and material based on this type of experience is difficult to obtain. Unless there was something new to offer the Homemakers, it seemed unprofitable to bring them together. However, the Homemakers continue to take advantage of workshops held in their communities as well as participating in the Project training. Most of the Homemakers have completed a Red Cross First Aid course. (Rural Child Care Project, Ky-CAP-66-0437, 1967.)

The Homemakers do not take child development materials into Project homes to train the mothers in their applications. However, initial Homemaker training sessions have been changed so as to include more techniques of working with people and less of the basic housekeeping skills in which most of them are adept before being selected for employment. (Rural Child Care Project, Ky-CAP-66-0437, 1967.)

Clerical Aide

The Clerical Aides have had less training than any other group of employees on the staff with the possible exception of the Transportation Aides. This is due to the fact that the Clerical Aides are already skilled in clerical duties before being employed. Some of the topics which have been covered for them in the past are (Rural Child Care Project, Ky-CAP-66-0437, 1967.):

I. General Orientation to the Kentucky Child Welfare Research Foundation, Inc. (See Social Worker Training Outline)

Child Development Center Staff

The initial training schedule for the child development staff of Elliott, Lee, Magoffin, Morgan, Owsley and Wolfe counties was held at Eastern Kentucky State College in August, 1965. After a general introduction to the Program, the job description of Teachers and Aides were discussed. Following this orientation to job roles, a consultant

discussed early childhood developmental characteristics with the staff. The group observed privately owned day care centers in Lexington. The Director of Buckhorn Project, a child development demonstration project in eastern Kentucky operated by the Kentucky Department of Child Welfare, talked to the group about every phase of the Buckhorn program, including curriculum and record keeping.

In addition to the Director of Buckhorn Project and the Child Development Specialist, other consultants were used during this training session to bring additional depth to various specialties and aspects of the Child Development Center program. These specialty areas included health and nutrition, creative experiences in play, art, music and drama. (Rural Child Care Project, Ky-CAP-66-0437, 1967.) The following outlines more specifically the areas covered in initial training for the Child Development Center staff (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965.):

I. General Orientation to the Kentucky Child Welfare Research Foundation, Inc. (See Social Worker Training Outline)
II. Child Development Centers
    A. Child development standards and regulations
        1. health factors
        2. safety factors
        3. program requirements
        4. staff requirements
    B. Policies of operation of a child development center
        1. admission
        2. record keeping and reports
        3. discipline and children
        4. relationship with families
III. Child Development
    A. Understanding the development of the preschool age child
        1. physically
        2. mentally
        3. socially
        4. emotionally
    B. Normal development versus atypical development of the four and five year old culturally deprived child
IV. Behavior of the Preschool Age Child
    A. Understanding the normal behavior of the four and five year old child
    B. Understanding the atypical behavior of the four and five year old child
        1. the hyperactive, agressive child
        2. the withdrawn, shy child
    C. Some methods of coping with the child presenting atypical behavior (which is resultant of the experience of his unique form of deprivation)

V. Child Development Program
   A. Daily and weekly schedule
   B. Routines of the Child Development Center
      1. dressing
      2. toileting
      3. eating
      4. napping
   C. How to implement routines in the child development program
   D. Creative learning experiences
      1. table games
      2. arts and crafts
      3. story telling
      4. music
      5. drama
      6. block play
      7. free play
      8. field trips
   E. Some methods of implementing learning experiences in the daily program

VI. Child Development Center Equipment and Supplies
   A. Description of the specific equipment to be used in the Center
   B. How Child Development Center equipment is used
   C. Arrangement of Child Development Center equipment
   D. Identification of Child Development Center supplies to be used for the creative learning experiences
   E. Use of supplies in the Child Development Center program

VII. Nutrition in the Child Development Centers
   A. Planning the menu
      1. variety of foods
      2. preparation of foods
      3. basic diet needed
   B. Serving of food
      1. role of the child
      2. responsibilities of the Day Care Aides
      3. responsibilities of the Cook
   C. Reactions of deprived mountain children to foods that are different
      1. local standard diet and eating patterns
      2. how to help the child

Further training of the child development staff has been continued on both a local and regional basis by the Social Workers and Regional Training Supervisors. This is done in a variety of ways such as staff meetings, local and regional workshops and observations of other programs. Areas that have been covered in these sessions include: relating to children, language development and auditory discrimination, program planning, use of creative material, programming suggestions and discipline in the Child Development Centers. The objectives behind these sessions have been to provide goals, techniques and experience in creating an effective child development program.

During the present project year workshops have been held to provide an understanding of total human growth and development and to provide methods, skills and techniques for meeting the needs of the four and five year old child. Time has also been devoted to increasing the non-professional teachers' perception of the community and volunteer participation. (Rural Child Care Project, CG-2569-C, 1969.)

Cooks

It should be noted that Cooks are involved in the total child development training component. The Rural Child Care Project has emphasized teamwork within the Child Development Centers as being essential to the total growth program envisioned. The training component provides the Cooks with the skills and confidence to participate more fully within this program as team members. Also they receive special training in nutrition and meal planning as well as other subjects relevant to child development. (Rural Child Care Project, CG-2569-C, 1969.)

Transportation Aides

Since the Transportation Aides are directly involved with the children, they are included in all training sessions that deal with general theories of child development. They also receive formal training in safety and emergency first aid.

Turnover

The turnover rate for the non-professionals in the Rural Child Care Project from 1965 to the present has been relatively moderate, especially for a program which, at the non-professional level, is almost entirely staffed by women. In calendar year, 1968 (the only period for which exact figures are available), four of 11 Social Workers (36%) resigned. Four of ten Case Aides resigned during the first six months of 1968; however, the position of Case Aide was discontinued on July 1, 1968 and this rate of turnover reflects the early phasing out of this position. During 1968, 13 of 86 teachers (15%), four of 31 Homemakers (13%), one of 16 Cooks (6%) and five of 16 Transportation Aides (35%) resigned. The most prevalent reasons for leaving the Project were "Health" and "Family obligations". None of the above statistics on turnover include resignations due to promotion within the Project.

The true incidence of promotions within the Project is difficult to assess since many changes in position were necessitated when the Case Aide position was phased out in 1968-1969. Examination of active personnel records in August, 1969, indicates that since the beginning of the Project, 20 Teacher Aides have been promoted[1] to the position of

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[1]In these instances, promotion was assessed by comparing the employee's status when hired to his or her status as of August, 1969. Intermediate promotions between these two points in time are not taken into account.

Teacher, 18 Teachers have become Senior Teachers, one Senior Teacher became Teacher-Social Worker (a special position created for Knott County, Red Fox "Outreach" Center), two Teachers became Social Workers, two Clerical Aides became Case Aides, one Transporation Aide was promoted to Teacher Aide, one Homemaker was promoted to Case Aide and two Social Workers are currently functioning as Regional Training Supervisors. Personnel records indicate few demotions have occurred within the Project over the last four years. In the few instances where "demotions" have occurred, they typically were the result of a position being phased out without a loss in salary (Case Aide) or the preference of the worker for a different job. For example, three Child Development Center Teachers have become Homemakers or Clerical Aides. Eight Cooks and one Homemaker have transferred to Teacher Aide positions.[1] Unsatisfactory work by Project personnel is more likely to result in dismissal (following a period of probation) than in demotion.

Career Development

The Rural Child Care Project Career Development Program has three main objectives: "(1) Continuous review of established internal job progression. (2) Establish external Career Development opportunities within state agencies. (3) Originating and implementing supplemental training programs." (Rural Child Care Project, Career Development Program, 1969.)

The Rural Child Care Project Career Development Committee has provided the most effective means for obtaining these objectives. This Committee, which was organized in late 1967-1968, meets quarterly and is composed of one elected representative of each county-level position, one staff member from each county not represented by a county-level position, an elected Regional Training Supervisor representative, elected representatives from the Fiscal Section and the Central Office secretarial staff and the Project Director as a non-voting member.

The Committee has established a logical job progression ladder from Transportation Aide up through Project Director and has revised and modified job descriptions. All employees are encouraged to complete or continue their education (high school equivalency, college or graduate school) in order to be eligible for promotion within the Project.

The Committee has established communications with both the Kentucky Department of Child Welfare and the Kentucky Department of Economic Security with the objective of establishing non-professional, entry level positions within both of these departments. It is hoped that the Department of Child Welfare will establish Homemaker positons within its Community Services Division in the near future. The Committee also plans to provide information and ideas regarding the establishment of non-professional positions within the Department of Economic Security.

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[1]In the case of the Cooks this was a promotion.

The focus of the supplementary training aspect of the Career Development Program is on meeting the on-going general and job-related educational needs of Project personnel. Through the encouragement of the Career Development Committee members, many employees have received their GED certificates and have taken college courses. The Committee members also serve to inform the rest of the staff about the different types of training available and the feasibility of individual training, group training or both.

The Committee accepts applications from those persons (either individuals or groups) who desire to continue their education. Arrangement of work schedules is permitted so that persons can put in the required hours on the job and still manage course work at nearby educational institutions if their applications for supplementary training are approved. (All applications approved by the Committee are subject to the final approval of the Project Director.)

Educational Surveys

Two education surveys have been taken of the Rural Child Care Project staff. In December, 1967, 173 non-professional and 22 Central Office (supervisory and secretarial) staff members were surveyed. In February, 1969, 170 non-professional and 23 Central Office staff members took part in the survey.

In 1967, the average number of years of education was 11.8 and in 1969 it was 11.6. The non-professional staff alone had an average of 11.1 and 10.9 years of education in 1967 and 1969 respectively. In 1967, 98 non-professionals had completed high school or received GED certificates and in 1969, 95 had achieved this. In 1967, six non-professionals had two-year college degrees and in 1969, eight non-professionals had this degree. In 1967, three non-professional staff members had four-year college degrees and in 1969, there was only one non-professional with this degree.

The difference in the average number of years of education for 1967 and 1969 should not be construed as a lack of improvement. Actually the figures for the two years are not comparable. Due to personnel turnover, they are not based on the same population. Because of the difficulty of recruiting non-professional staff members indigenous to eastern Kentucky who have completed high school and/or college, it has been necessary to lower the job requirements for some positions[1] (e.g., the Social Worker's job requirement has been changed from "college required" to "college preferred"). However, emphasis has been placed on encouraging the staff members to continue their education.

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[1]According to administrative staff personnel, this has resulted in no apparent loss of effectiveness on the job.

RECRUITMENT OF PROJECT FAMILIES

Criteria for Project Services

When a family is recruited for the Project, information supplied by the family in an interview at the family's home with the Social Worker is recorded on the "Family Intake Form" (KCWRF-70). From this information and observations made by the Social Worker during the interview, eligibility for the program is determined.

The criteria for child development services are at present essentially the same as those established for the Project in 1965 (Rural Child Care Project, Regional Training Supervisors and Social Workers Training Manual, 1965.):

(1) Child(ren) must be four to five years old in order to qualify for the child development program. They may have a fourth birthday during the year in which they are recruited but should not have a sixth birthday by December 31 of the year in which they are recruited.

Exceptions to these age limits have been made by the Project Director in individual cases such as a child who has reached the age of six, but is considered to be too immature to enter first grade. It may be decided to retain such a child in the Child Development Center for an additional year to provide a setting which can better meet his needs at this time than can the public school system. Retention in this case would be a joint decision made by the Project Director and school officials.

(2) In 1965 the economic criteria were that the total cash income for a family of four had to be $2,000.00 or less per year. An additional $200.00 per member in families over four, up to a maximum of 11 family members, was allowed.

In 1967, the total cash income criteria for a family of four, according to OEO guidelines for non-farm families was revised upward to $3,200.00 with allowance for each additional family member. (Head Start - A Manual of Policies and Instructions, September, 1967.)

In 1969, according to OEO revised income poverty guidelines, the total cash income criteria for a non-farm family of four has been increased to $3,300.00. These guidelines also make allowance for each additional family member. (OEO Instruction 6004-1)

OEO policy allows ten per cent of the children enrolled in each county to come from families whose income exceeds the poverty level. Of the 689 children participating in the Rural Child Care Project at the end of 1968, only 3.33 per cent of these children came from non-poverty families according to figures reported by the Project. There is no active recruitment of these families and their children are usually accepted only after all available children from low-income families have been enrolled in the child development program.

With the exception of Transportation Aides, no children of salaried Rural Child Care Project staff are allowed to enroll in the Child Development Centers. It would be possible to hire as staff members parents of children already enrolled in the Centers, but it has not been done to date.

(3) The family must be in need of Project services, i.e., they must show a need for services to offset cultural, emotional or social deprivation and isolation. Isolation can stem from geography (living in an inaccessible area), lack of coping skills, or educational, emotional, social or psychological separation from the community of residence.

(4) The housing condition of the family is also taken into consideration. The vast majority of Project family homes could be classified as "dilapidated" according to the 1960 U.S. Census Criteria for Housing. By the same standards, a small percentage are "deteriorating" and only a very few are "sound".

(5) Present operational capabilities of the Child Development Centers preclude the admission of children with major physical, medical, mental or emotional handicaps.

Exceptions to these handicaps have been made by the Project Director in individual cases. If it is felt that the staff can control the child and meet the needs of the child and his family, he may be enrolled. Occasionally, a child with a serious medical problem has been admitted after referral from another agency. For example, a child requiring open-heart surgery was admitted to a Child Development Center as a means of helping him achieve sufficient independence from his mother in order to undergo separation from her at the time of his hospitalization.

Children with problems usually considered those of "cultural deprivation", i.e., poor speech development, poor self-mastery and poor relationships with others, are readily admitted to and expected to gain from the child development program. The discipline of the day's schedule, the stimulation, the chance for satisfaction in learning is designed to deal with such problems.

Criteria for Homemaker Services

Homemakers are placed as a result of Social Worker contact with a Project family, with need being agreed upon by both the family and the Social Worker. The criteria for Homemaker services are (Rural Child Care Project, Regional Training Supervisors and Social Workers Training Manual, 1965.):

(1) The family must be of low income (i.e., currently, $3,300 or below for a non-farm family of four).

(2) The family should have at least one child currently enrolled in a Child Development Center.

Exceptions to this rule have been on an individual basis. It is estimated that from two to five per cent of the total number of families receiving homemaking services have been retained in this program after the child has left the Child Development Center and entered first grade. There are various reasons why this may occur. The family may have a younger child who will be enrolled in a Child Development Center in the near future or the abrupt termination of homemaking services may be so disruptive as to have negative effects on the family.

About one per cent of the total number of families receiving homemaking services have never had a child enrolled in a Child Development Center. These families are typically referred by other agencies for homemaking services. An example is that of a family referred to the Project by the University of Kentucky Medical Center because of the need to train the mother in the importance of proper diet for her youngest child who has phenylketonuria (PKU). The Homemaker was able to assist the mother successfully.

(3) The family must agree to work with the Homemaker and Social Worker. The Social Worker, with the cooperation and assistance of the family evaluates the home situation in terms of the available resources and draws up a case plan in which the needs for improving the home will be determined.

(4) The family is retained on homemaking services as long as they continue to cooperate with and accept the Homemaker and until the mother is sufficiently motivated and has learned how to meet the needs of her family.

(5) In most cases, the need for a Homemaker is in the area of rehabilitation. When a family not already receiving homemaking services is faced with an emergency situation, e.g., hospitalization of the mother, homemaking services may be requested on a temporary basis, provided a Homemaker is available.

General Recruitment Procedures

At the beginning of the Project in 1965, names of families were obtained from public assistance rolls, county health departments and local schools. This was followed by door-to-door recruitment of these families. Presently, the Rural Child Care Project is so well known in the counties it serves due to publicity given it by local radio stations, newspapers, and "word of mouth" that the need for door-to-door recruitment is minimal.

Currently, each of the Rural Child Care Project Child Development Centers has a waiting list of families who are eligible to receive Project services. Families may apply directly for admission to the Project or be referred by social welfare agencies, county health departments, local schools, Policy Advisory Committees (made up of local citizens and Project parents), and other families already in the program. It is the

Social Worker's responsibility to recruit new families when vacancies occur in the Project and to see that they meet the criteria for Project services, which include general social services, the Child Development Center program, and placing of a Homemaker in the home.

CHILD DEVELOPMENT CENTER PROGRAM

The objective of the Child Development Program of the Rural Child Care Project is:

> "to provide a living, learning experience for those children enrolled. The children learn to have an awareness of themselves, of each other and of their communities. A proper balance of individual attention, group activities, and field trips provides the media for achieving these results." (Rural Child Care Project, CG-Ky. 2569-C, 1969.)

> "Every child has certain needs for growth and development. Since the Appalachian Kentucky children in this Project come from economically and educationally disadvantaged home backgrounds, the Child Development Center plays a great part in fulfilling these needs. Some of these needs and how the Centers provide for them are (Rural Child Care Project, Ky.-CAP-66-0437, 1967.):

1. The Security of Family Life: The Centers provide a safe, wholesome, happy environment.

2. Protection from Hazards to Health and Safety: The Teachers, Aides and Cooks are responsible for providing a safe environment. Rest, exercise and good nutrition are provided.

3. Protection from Disease and Promotion of Good Health: There are daily health inspections besides regular physical examinations by doctors and nurses.

4. Nutritionally Balanced Diet: A balanced hot meal is provided. There are also two snacks and breakfast when necessary.

5. Exercise: There is an opportunity for active play indoors and outdoors with equipment designed to develop the child's body.

6. Rest: There is a balance between quiet and active play and a nap time after lunch. Each child has his own cot.

7. Love and Self-confidence: The Teachers and Aides are selected because they like children. They are instructed in ways to help the child develop his own self-image.

8. Companions and Friends: The child plays with other children of similar age and interests under the guidance of Teachers and Aides who know how to make these play exercises meaningful. The Teachers and Aides provide the child with adult companionship and in some instances a 'parent' image. There might be a deficiency in one or both of these areas in the child's home environment.

9. Social Behavior: The Center provides the child with the experience of being a member of the group under the guidance of trained Teachers who know how to help the child develop self control. He learns to take turns, to share, to consider the feelings of others and to 'act out' his own feelings in ways that are acceptable to society.

10. Some Independence: Learns how to help himself, to solve problems appropriate to his age and to make decisions regarding his own behavior.

11. Intellectual Stimulation: The child has an opportunity to become acquainted with the world through stories, songs, pictures, trips and firsthand contacts with a variety of materials and educational toys under the guidance of Teachers who know how to help him with these experiences.

12. Language Skills: Since these children have a great disadvantage in the area of language, special attention is given to verbal communication.

13. Creative Experiences: The child is given the opportunity to express his feelings and his ideas through the use of raw materials such as clay, paints, blocks, language and music."

The Centers all follow the same basic schedule of operation but because children in each Center have different needs, different areas are stressed. The staff is trained to evaluate the needs of the children and give them the individual help they need. (A description of staff training is contained elsewhere in this report.)

The following is an example of a schedule followed by a Child Development Center (Note: Schedules are flexible and may vary according to the type of activities planned.):

7:30	Opening of Center Arrival of Aides, Teachers and children
7:45-9:00	Health Inspection Supervised Free Period (indoors or outdoors with children choosing activities)
9:00-9:15	Clean-up and Morning Snack (children helping)
9:15-9:30	Music
9:30-10:00	Organized Group Activities Outdoor Play - Group I Indoor Activities - Group II
10:00-10:30	Outdoor Play - Group II Indoor Activities - Group I
10:30-10:50	Story Time or Share and Tell
10:50-11:00	Lunch Preparations (children helping)
11:00-11:30	Lunch
11:30-12:00	Clean-up (children helping) Nap Preparations (children helping)
12:00-1:45	Nap
1:45-2:15	Supervised Free Play If weather permits, play outdoors with Teachers involved. If indoors, with children choosing activities
2:15-2:30	Clean-up and Afternoon Snack (children helping)
2:30-4:00	Departure of Children Preparation for following day's activities by members of Center staff Departure of staff

There has been relatively little change in allocation of time during the day; change has occurred, however, in terms of the way the day is perceived by the staff. Transition between activities occurs more smoothly than before. The Teachers tend to perceive the day as a unit rather than as a series of unrelated parts.

Health Inspection, Free Play and Morning Snack

Members of the Center staff arrive early in order to greet the children individually as they arrive at the Centers. As the children arrive, they are given an informal health inspection by members of the staff. This consists of taking the child's temperature (by touch), checking his general physical appearance and talking to the child to determine his attitudinal tone early in the day so that any emotional problems the child might have brought to the Center with him may be resolved. If it is apparent that anything is wrong (physically or emotionally), the Social Worker may be called in to assist in handling the situation.

If a contagious disease or infection is detected, verification of the condition is sought from a public health nurse, if available (in many cases such medical service is not available in the community), so that the child who is affected can be sent home from the Center in order to protect the other children.

Originally, if a child was ill, the Transportation Aide took him home with little or no explanation of the nature of the problem. This proved to be an unsatisfactory procedure. Presently, the Social Worker (or Homemaker in some instances) takes the child home and remains until the parents have been given an explanation of the child's condition. The health of a child is the responsibility of the parents and they are encouraged to meet this responsibility. The Center staff works with parents regarding the treatment and control of contagious diseases or infections. Members of the staff, however, do not give a child medication unless it is authorized by the child's parents. The staff is not empowered to authorize medical treatment, but they do have parental consent to handle emergencies. Working with parents in obtaining medical treatment is one means for the Center staff to gain confidence in working with medical professionals.

During the health inspection, the staff checks to see that each child has had breakfast. Those who have not are given a hot meal when the other children have their morning snack. (There are six Centers in which a hot breakfast is impossible because the Centers are located in public schools and the children are served a hot meal at lunch only.)

While each child is given his health inspection, the other children engage in a period of selected free play. During this time the children choose from a variety of activities, e.g., puzzles, books, blocks or other toys that the Center staff set out the previous afternoon. The free play period helps the children get rid of excess energy.

After the children have all had their health inspection and time to play, they prepare for their morning snack. They brush their teeth, wash their faces and hands, brush their hair and clean their fingernails. The children assist in the preparations for the snack and also help clean up after it.

Music and Organized Indoor Group Activities

Some of the Centers have more advantages than others regarding music instruction and exposure. For example, one of the Centers is visited by a Title I public school music teacher for one hour each week. The teacher introduces different musical instruments and teaches the children new songs. During the rest of the week, the Child Development Teachers teach the children songs that tie in with the theme of the week. The Teachers also use records to expose the children to different types of music.

The Teachers follow a program built around two or three central themes (Curriculum Unit Method) during a month. The length of time spent on any one theme depends on the theme itself and the children's response to it. The Teachers choose their themes according to the interests of the children. The chosen theme is carried over into nearly every aspect of the daily schedule, e.g., music, games, menus, and stories will all pertain to the same general topic. Some examples of the themes are "Eggs", "Good Grooming", "Autumn", "Christmas". Transportation Aides are kept informed of current themes so they can discuss them with the children on the way to and from the Centers.

The Curriculum Unit Method was instituted in some Centers during 1967 in order to help prepare the children for school. It was brought up, initially, in a training session in Louisville while observing the workings of other Centers (both community operated and privately owned and operated). The Unit Method was chosen in order to: 1) develop a stockpile of materials,[1] 2) involve Teachers in different teaching methods, 3) better meet the needs and interests of the children, 4) be used as a resource bank to broaden Teacher concepts and 5) change the Teachers' time perception (i.e., see that the day was used, not just filled). Some educators who have observed the Child Development Center Project felt that the Unit Method was too structured. However, the Project staff has found it flexible enough for their purposes.

Small groups in which unit material is presented are organized in the following manner: the children are divided into two classes which are then each divided into two groups. (The Teacher/child ratio is one Teacher and one Teacher Aide per class of 15 children.) The Teachers and Aides rotate classes from time to time so that the children have exposure to each adult. The groups participate in some of the following

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[1]At the inception of the Project, Teachers had limited funds with which to purchase materials. Since then they have made considerable use of materials available in the natural environment as well as those they have been able to develop themselves.

areas: 1) creative art, 2) dramatic play, 3) music or 4) science. The main idea is to expose the children to as many different activities as possible. The conducting of formal first grade readiness activities is mainly left up to the summer Head Start program which most Project children enter in June prior to first grade entrance. The Centers operate on the premise that creativity in the home is very limited. In view of this, Center activities are structured to provide creativity, independence and self-expression. When a child is new in the Center, he is presented with simple, directed experiences. As his skill and confidence increase, he is allowed to do more spontaneous things.

> "Each child is encouraged to express his own ideas and desires through art forms. Much attention is given to encourage each child to develop his own creativeness. There has been considerable growth in appreciation of color, form, sight and sound. Many of the children report daily experiences which indicate the effect of the art and music program upon them. Many show through their desire to improve their surroundings that they are able to put to use much of their own creativeness." (Rural Child Care Project, 66-183.73, 1967.)

The children have a choice of art activities which includes easel painting, cutting and pasting, coloring or finger painting. Children begin with some very simple art experience like cutting and pasting. Then they progress to finger painting and brush painting. The staff attempts to provide children with experiences and motivation that they would not receive at home. Working in small groups allows the Teachers to give each child a great deal of individual attention.

The Teachers are encouraged to use a non-directive rather than a structured approach to art. There has been a slight problem with this approach because many Teachers prefer "cut and paste" activities over all others. The OEO Mid-Atlantic evaluation team following their January, 1968, visit mentioned that there were too many activities involving stereotyped art activities; therefore, recent training has suggested other, more spontaneous art activities.

Children having speech problems receive special attention in this area while the other children work within the two classes. The Project calls for "language development" not "speech therapy", except in cases where a diagnosis has been obtained. "Language development" is defined by the Project staff as teaching a child to be verbal, develop verbal depth and develop verbal abstractions. This is a continuing process. Before a child can become verbal, he must become comfortable in his surroundings. Only then can he begin to recognize objects. The more objects he is familiar with, the more objects he is able to name. Some of the activities utilized in furthering children's verbal concepts are flash cards, flannel boards, association activities, cutting and

labeling of pictures, story telling and conversation with the other children and adults in the Center at lunch time. The emphasis on language skills is expected to improve the language of the non-professional staff as they absorb what they teach the children.

At least two Centers have employed the Lanugage Master or tape recorders in providing language activities. Some of the Centers use visual aids to work with individual speech problems. For example, a picture of the word a child is having difficulty with is shown to the child and he is encouraged to tell the Teacher all he can about the word. The Teacher never tells the child that he is saying the word incorrectly. Instead, she repeats the word correctly each time and praises the child when he pronounces it correctly.

Outdoor Play - Story Time, Share and Tell

While one class of children is participating in one of the areas of indoor activities, the other class plays outside when the weather permits. The outdoor activity gives the children an opportunity to play with equipment designed to develop a child's body. Examples of such equipment are swings, seesaws, climbing bars, cable reels, tricycles and wagons. The schedule is such that all the children will have physical exercise (either indoors or outdoors) before lunch in order to build up their appetite before the meal. However, they are also given time to calm down prior to their lunch during a period of story telling or share and tell.

Lunch

One Aide helps the children wash their faces and hands while another helps with the table preparations. The children are encouraged to help with these table preparations with such tasks as setting out the eating utensils or passing out napkins. All the children and the staff sit at a family-style table and learn to serve themselves from the serving bowls and to use their eating utensils. It is a period for interaction of children with adults and is utilized as a general discussion period.

The entire staff plays a part in choosing the menus with recommendations by the Cook. The Cooks are chosen with regard to their personality and their ability to get along well with children as well as their knowledge of cooking and nutrition. It has proven to be an important learning experience for the Cooks to learn how to prepare a well-balanced meal. The logic behind entire staff involvement in meal planning is that a greater variety of foods will be served to the children. The staff tries to serve as many different foods as possible that the children do not ordinarily get at home (e.g., liver, fish). In the beginning, the Cooks were a little hesitant about serving foods that were new to them as well as to the children, but now they enjoy the challenge of preparing new dishes.

Some of the Centers are located in public school buildings. In these instances, the children eat school lunches family style in the Center. In these Centers it is more difficult to have conversation at meal time or to allow the children to help with the meal preparations and clean-up because of the rigid time schedule to which they must adhere. However these Centers have managed to overcome these problems to a large extent.

The hot meal which the children receive in the Child Development Centers serves two important purposes. For many children, the nutrition which they receive at the Centers provides the only opportunity for a well-balanced meal during the course of the day. It also provides a learning experience for the children. By participating in food preparation and experiencing different foods, the children learn shapes, sizes, colors, temperatures, etc. By helping to prepare food, set tables, and clean up afterwards, the children are learning self-help skills which are valuable to them and to their families.

Clean-up, Toilet and Nap Preparation

When lunch is finished, the Teachers supervise cleaning up the table. The children help scrape the plates, stack them, carry things back to the kitchen and wipe the tables. The Aides then supervise toileting and cleaning up the children (i.e., brushing teeth, washing hands and face, etc.) to prepare for naptime. Usually the children will be told stories by one of the Aides who supervises naptime until the children fall asleep. Music is also played quietly during this time. Another Aide fills out daily records and makes the schedule for the next day's activities while the children nap.

Supervised Play and Afternoon Snack

Organized group games such as "Drop the Hankie" and "London Bridge" are played at this time, outdoors if possible, with the Teachers taking part.

The procedure for the afternoon snack is essentially the same as in the morning. The children assist in the preparations for the snack and also help clean up after it.

Field Trips

Field trips are not a regularly scheduled part of the Center activities but they are taken as often as possible. Examples of field trips taken are nature walks, a trip to the Cincinnati Zoo, a visit to a farm to pick vegetables which are cooked and eaten at the Center, and trips to an airport, a fire station and a supermarket. Many activities at the Center precede these trips so that the children are prepared for what they see and do.

Preparation for the next day's activities is done by the staff after the children have departed. They have meetings (weekly, bimonthly or monthly) to plan the themes for the Center program. This planning

includes Transportation Aides and Cooks as well as the Child Development Center teaching staff. Lesson planning as such was not done by the Child Development staff when the Project began, due to their lack of experience and training. Lesson plans were devised largely by the Regional Training Supervisors. In the fall of 1967, the responsibility for planning the day-to-day activities was shifted to the teaching staff. At first many Centers appeared to "overplan", but at present the consensus is that most Center personnel are capable of advance and flexible planning. Currently, the Senior Teacher is responsible to see that planning is done by the staff.

The daily schedule is kept flexible in order to allow the children to participate in choosing what they would like to do and to keep them interested. Suggestions by the children are incorporated into the daily schedule as much as possible. This kind of recognition gives them experience in decision making, responsibility and a sense of self-esteem. The staff always attempts to alternate active and quiet activities in order not to tire the children overly.

The Teachers are given more freedom now than they were given originally. They are encouraged to be more creative and self-reliant. They also are required to explain and evaluate the activities in their Centers regarding the effect these activities have on the children. The Teachers keep a running record of each child's behavior and what actions were taken on the part of the staff to help the child. If a child is continually in a poor emotional state, the Teachers discuss this with the Social Worker and/or Homemaker who follow through with hints and advice to the parents.

The Teachers stress involvement with each child - not doing for them - but working near them and trying to serve as examples for the children. The entire staff works to bring about the most positive reaction to any situation arising in the Center.

Project policy has been that discipline is to be handled in a positive rather than negative manner (i.e., a child is rewarded for good behavior rather than punished for misbehavior). Use of this technique in the authoritarian mountain culture has caused both criticism and problems. Some Teachers have learned not to spank but are still relatively unskilled in methods of positive reinforcement. This is a matter of concern in training sessions for the Teachers and Aides. The major problem is the discrepancy between home and school discipline. Every Teacher has had to deal with children who come to the Centers expecting to be spanked and there have been cases of parents exerting pressure to get the Centers to use physical punishment. The Homemaker (through the Social Worker) is an important figure, acting as a liaison between parents and Center regarding the discipline methods employed in the Center.

The staff meets with the county Social Worker on a regular basis to discuss routine problems. Additional meetings are called when unusual problems arise.

Medical Services

A complete medical program is provided for all children enrolled in the Child Development Centers. This includes examination, screening (Tuberculin test, hemoglobin, urinalysis, hearing and vision screening), treatment and immunizations such as DPT (diptheria, pertussis, tetanus), polio, measles, and smallpox. Full utilization of Title XIX of the Social Security Amendments is made. Every effort is extended to help and encourage the Project families to obtain medical services for themselves.

The dental program includes examination, prophylaxis, topical fluoride treatment, restorations and extractions for all children enrolled. As does the medical program, the dental program encourages families to obtain dental services independently. Again Title XIX is fully utilized.

Project policy has been that children will receive medical and dental examinations as soon after entering the Project as possible. Health services are also provided for family members of children enrolled in the program who cannot otherwise afford them and who are not eligible for Title XIX funds. This is done only where no community or health and welfare services are available to the family. Whatever funds are available for family health services are allocated by the Health Services Advisory Committees.

> "A Health Services Advisory Committee has been established in each of the Rural Child Care Project counties of operation, representing the medical and dental professions for the county, a parent from each Center, and a member of the public health profession. The Health Services Advisory Committees have been able to determine the needs of the community and the individuals involved in the program." (Rural Child Care Project, CG-2569-C, 1969.)

Since the inception of the Project, it is reported by the staff that as a result of the medical services provided to children and their families, greater utilization and awareness of existing services is occurring among Project personnel as well as families they serve. There has been increasing communication between the Project and the public schools in terms of transferring children's medical records to the schools when they enter first grade.

The Use of Volunteers in the Centers

The volunteer program began with the funding of the Rural Child Care Project by Project Head Start in April of 1967. The Project staff utilizes a manual for volunteers (KCWRF #103, 1967) to orient volunteers before they serve in the Centers.

Child Development Center volunteers engage in activities quite similar to the staff members. Some help prepare meals, act as Transportation Aides on field trips or supervise field trips, read stories to the children, help with music, aid in planning and evaluation, and a few have attended Rural Child Care Full Project Training Sessions. These volunteers working in the Child Development Centers reduce the adult-child ratio and as a result the children receive more individual attention. The services of all unskilled volunteers, as well as those of skilled volunteers performing unskilled services, is valued at a rate of $1.60 per hour.

Volunteers with clerical skills are utilized in the Social Workers' offices where they are helpful in typing, answering the phone and clerical work of a general nature. In no instance are they permitted to work with case records.

The major sources of volunteers are: 1) parents in the Project, 2) Teacher or Social Worker contact with individuals whom they believe have something to contribute, 3) the general community (retired individuals, students from local colleges and high schools, civic groups), 4) group participation meetings such as the Policy Advisory Committees (one of the goals of the Policy Advisory Committees is to stimulate and recruit volunteers), 5) other Federal programs in the area (Work, Education and Training and Neighborhood Youth Corps) and 6) professional persons (physicians, dentists, speech therapists).

There is an emphasis placed on the involvement of Project parents in the Centers because the Project staff feels this involvement serves several purposes. The interaction of parents with the Center Teachers, who serve as role models in this setting, reinforces the child-rearing techniques used in the Centers. Teachers have the opportunity to show parents that there are better ways of motivating and guiding children than the use of physical punishment.

Initially, Teachers in the Centers had difficulty accepting volunteer workers because it added to their own responsibility. They had to supervise the volunteers as well as take care of their other duties and in some instances, parents have been difficult, disruptive and demanding. Presently, orientation and supervision of Child Development Center volunteers is more flexible - done by Social Workers as well as Teachers.

According to the observations of the Project staff, there does not appear to be a direct relation between "Center involvement" and "home improvement" on the part of volunteer parents. Parents who volunteer do not come from homes where living conditions are better than other Project parents who do not volunteer their services. Volunteers from the community, however, do come from homes which are better than those of most of the Project families.

Policy Advisory Committee

The Policy Advisory Committees (PAC's) were initiated in 1966-1967 before the funding of the Rural Child Care Project by Project Head Start. The following is a general outline of the PAC structure followed, with minor exceptions, in each of the ten counties. Each Child Development Center has a Center PAC whose Committee members are elected for a one year term at a meeting to which all Project parents and interested citizens are invited. The names of several parents and citizens who are willing to serve on the Committee are presented to the group and four Project parents and two people from the immediate community are elected. Each county has a PAC which consists of the Center PAC's in that county, four other persons from community agencies and organizations (selected by the groups they represent) and a non-voting representative from the local Community Action Agency. Each committee meets monthly.

The purposes of the PAC's have been stated to be: (1) giving Project parents, for the first time, an equal voice with local officials who are also on the Committee, (2) developing small group participation skills, (3) establishing individual worth and human equality, (4) helping families to express their needs and to search for methods of meeting them.

The County PAC's have the responsibility for personnel selection for all county-level positions. The administrative staff interviews all applicants for jobs and presents the best ones along with their background information to the Personnel Selection Committee of the Policy Advisory Committee. This committee makes the final decision which must then be ratified by the entire County PAC. The PAC's also help to recruit new families for the Project (by making recommendations to the Social Workers) and volunteers to work in the Child Development Centers. The PAC's assist parent group meetings by arranging for meeting places and planning programs on topics relevant to the Rural Child Care Project such as health services, family planning, arts and crafts, and child care. It is not unusual for the PAC's to hold raffles, suppers and rummage sales to raise money to buy classroom equipment for the Centers or for field trips. One PAC has started a monthly newsletter which is completely parent produced. Other activities in which PAC's have been involved are providing outdoor playground space for a Center with limited facilites, working toward blacktopping a municipal parking lot which abuts a Center, obtaining garbage disposal for the community, painting Centers, holding dances and providing transportation for children for medical examinations.

The function of these committees is to "guide and develop the program according to the goals and desires of the community itself" (Rural Child Care Project, Second Annual Report, 1966-1967.) but greater differentiation between County and Center PAC's which seems necessary to perform this function apparently is lacking. It is felt that the Center PAC's should concern themselves with problems directly related to the Center and that the County PAC's should deal with the operation of the

Rural Child Care Project as a whole within the county, but there is a great deal of overlap between the two committees. This type of problem is believed to have developed as a result of giving each PAC the freedom to chose its own role. It has been suggested to the PAC's that they more closely define their area of concern.

During 1967-1968 each County PAC elected two representatives (at least one of which was a Project parent) to be members of a Full Project PAC. It is composed of these elected members and as non-voting members, a representative of the Kentucky Office of Economic Opportunity and the Project Director of the Rural Child Care Project. This Committee, which meets quarterly, acts as an open forum for the exchange of ideas and techniques and the discussion of concerns that are of mutual interest to all ten counties. While the role that this committee is to play in the Rural Child Care Project is determined by the committee itself, it is felt by the Project administrative staff that this committee should be more of a general policy making body and open forum for the counties.

The quality and quantity of parent participating in the PAC's is influenced by several factors. Parent turnover is one of the basic problems. Most parents are in the Rural Child Care Project for only two years but some continue to participate in the PAC's as community members. The PAC's tend to attract only the most active parents, who are generally not the ones that would benefit most from PAC participation. Approximately one third to one half of the County PAC's are headed by parents and most of the Child Development Center PAC's are parent chaired, mainly by women. Non-parent PAC chairmen tend to be local business or professional men.

SOCIAL SERVICES

A fundamental assumption of the Rural Child Care Project is that improvement of the physical and socio-cultural environment of disadvantaged families is requisite to the amelioration of cultural deprivation. (Rural Child Care Project, 4205, 1969.) Therefore the Project provides casework and homemaking services to the families of children enrolled in the Child Development Centers. The social service component of the Project, consisting of these casework and homemaking services, emphasizes helping all family members to uncover, express and deal more effectively with problems and needs that exist.

All families in the Project can be classified according to the predominant type of social service they receive. The classifications which have been used are:

Social Worker and Case Aide Groups

The Social Worker provides protective service work to children and their families enrolled in the Project. One of the main functions of the

Social Worker is to assist family members in making proper use of their resources and utilizing other resources available to them. The Case Aide,[1] under supervision of the Social Worker, provided these same services to Project families. The primary reason for distinguishing Social Worker from Case Aide families was that the persons occupying the Social Worker positions are more educated and more experienced in this line of work than were the persons in Case Aide positions. The ultimate objectives of the Social Worker and Case Aide are to (1) motivate families to become involved in their communities and (2) expose them to social services which are available in their communities. The majority of families in this classification are those who seem to need little more than occasional visits from some Project-connected person to encourage them to keep their child in the Child Development Center. These are families who seek to be functioning as adequately as possible on a minimal income. However, because of the unwillingness of some families to accept a Homemaker or due to the limited supply of Homemakers, both the Social Worker and Case Aide have dealt with some cases of the type with which the Homemaker generally works. (Rural Child Care Project, 4205, 1969.)

Homemaker Group

The ultimate objective of Homemaker service is to effect improvement in the areas of (1) nutrition, (2) safety and sanitation and (3) general housekeeping. The Homemaker serves primarily in a teaching capacity rather than as a maid or temporary housekeeper in times of family crisis, which has been a traditional role of Homemakers. The homemaking service as provided in this Project is extremely non-directive. The method of operation is to get the family to indicate where they think help is needed and then to seek that help. The Homemaker assists the Social Worker in the implementation of a case plan designed to put the family in touch with community services.

Placement of a Homemaker with a family is done only after the family, which has been designated as in need of homemaking services by the Social Worker, agrees to accept the Homemaker. The number of hours per week that a Homemaker spends with a given family is highly variable depending upon need, the family's ability to cooperate and the type of activities chosen. Typically, a Homemaker would be expected to spend 2 1/2 hours per week with each family in her case load. (Rural Child Care Project, 4205, 1969.)

Homemaker Multiproblem Group

The Homemaker Multiproblem family differs from families designated as Homemaker primarily in terms of the number and/or severity of their "social" problems and in terms of the amount of attention they receive from the Homemaker. Generally the Homemaker and Social Worker work together with these families. The Homemaker spends more time with the family than the usual 2 1/2 hours per week. (Rural Child Care Project, 4205, 1969.)

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[1]The position of Case Aide was eliminated in the Rural Child Care Project as of June 30, 1968.

Specific Services

Social Worker

The child development, casework and homemaking services are coordinated by the Social Worker with the following objectives: (1) interpret the Program to the community; (2) recruit the children and their families (see pages 24-27); (3) make decisions as to the types of service needed by each family; and (4) place Homemakers in homes requiring such services. (Rural Child Care Project, 66-712-1, 1967.)

The county Social Workers have presented the Program to their communities as a three-pronged protective service to families (casework and homemaking services as well as the child development program). Not only have they been able to present a clear picture of what the Rural Child Care Project has to offer, but also they have been able to elicit services for clients from other agencies within the community in some instances by simply making the families aware of services available to them. (Rural Child Care Project, Ky.-CAP-66-0437, 1967.)

Because the Rural Child Care Project is family oriented, total family participation in all phases of the program is desirable. Enrollment of a child in a Child Development Center results from Social Worker contact with the family. Homemakers are also placed as a result of this contact with need being agreed upon by both the family and the Social Worker. Casework has the function of knitting together child development and homemaker service in their respective contributions to positive change within the individual family. The Social Worker also acts as a resource to meet the family's needs as they perceive them. The needs have included medical, dental, psychological, educational and welfare services. (Rural Child Care Project, CG-2569, 1969.)

The Social Worker has responsibility for the implementation of the health services program. This includes providing opportunities for both medical and dental services in the Appalachian Kentucky area which is known for its lack of such facilities. In addition to planning medical and dental examinations and obtaining treatment for all children enrolled in the Child Development Centers, the Social Workers have worked closely with county Health Departments to obtain medical and dental services for all family members. Encouragement and transportation, where necessary, are provided to help the Project families utilize the health services of their communities. The Social Workers have helped individual families obtain medical cards, make visits to the Health Department on a regular basis and when a family requests it, obtain information on birth control. The Social Workers have also encouraged the families to take their other children who are not in the Child Development Centers to their local physicians.

The Social Workers spend over half of their casework time with the Project families and the remaining time is used for collateral interviews

(i.e., referring agencies). These collateral visits are used to seek help for and knowledge about client families and to make the services of the Project better known to these agencies (Rural Child Care Project, Ky-CAP-66-0437, 1967).

The families are referred to other activities or programs on both a formal and informal basis. An example of a formal referral would be a contact with another program to request their services for the Project family. Informal referrals are made by exposing and introducing the families to other activities and programs (Rural Child Care Project, CG-2569-C, 1969).

The Social Workers, primarily through referral to other agencies, have been able to provide protective services to families. However, due to the many demands upon their time, it has been difficult to establish or maintain relationships with their clients. They have, instead, tended to meet present concrete needs as they arise within the families such as acute financial, medical and housing problems (Rural Child Care Project, Ky-CAP-66-0437, 1967).

The Social Workers are the focal point for providing information regarding community resources to the program participants. This is done either directly by the Social Worker or indirectly through the Homemakers and Child Development Center staffs. The Social Workers have encouraged program participants to utilize educational resources, including adult and vocational programs. Training opportunities that are provided by Eastern Kentucky Concentrated Employment Programs and other manpower programs are explored individually with Rural Child Care Project families (Rural Child Care Project, CG-2569-C, 1969).

Case Aides

The Case Aides, under the supervision of the Social Workers, carried a small caseload of Project families who did not require extensive case-work. The focus of their service was involving the families in their communities and making them aware of services which were available.

This position was eliminated in 1968-1969.

Homemakers

The Homemaker serves in the homes of selected families whose children are enrolled in Project Child Development Centers. Her role is to teach, guide and encourage the mother and her children in homemaking skills aimed at increasing the comfort, safety and physical and emotional health of the total family. Her job is to work with and demonstrate to the family; it is not to do for the family.

The skills to be transmitted to the families are devised according to the realistic limits within the home, such as limited housekeeping equipment; lack of or inadequate electricity and plumbing, and inadequate family income for food, household supplies, clothing and household equipment. Her teaching duties cover such areas as planning marketing, meal planning, and cooking for the purpose of providing regular and well-balanced meals; house cleaning skills to insure sanitation, comfort and safety within the home; laundry techniques to preserve the clothing the family has and to improve the personal appearance of the family; mending and minor alterations of clothing to help the mother make the best use of available clothing; guiding children in becoming responsible for their own personal hygiene and for appropriate household tasks; and demonstrating to the mother simple, but basic, methods in supervision of children's eating, sleeping, medical and play needs.

Homemaker service is made available to the Project families (judged by the Social Worker to be in need of Homemaker service) if a Homemaker is in a position to take on an additional family. The Social Worker interprets the Homemaker program to the families and they make the decision to accept or reject the service. The Social Worker evaluates with these families their needs for help with housekeeping skills, methods of family care and supervision, and homemaking decisions. The Social Worker obtains not only the permission but also the willingness of the families for the Homemaker to enter their homes.

The Social Worker plans with the family and the Homemaker together regarding the purpose of the Homemaker's duties, and the family's responsibility to the Homemaker. The Homemaker and the family have recourse to discuss with the Social Worker any difficulties which arise in the Homemaker placement plan.

Using information provided by the Social Worker, the Homemaker works with the families on projects chosen by the families. In general, the Homemaker and the mothers work together at first. This provides motivation and reinforcement for the mother to continue independently.

One of the most important aspects of the Homemaker program is consumer education. The families which are eligible for food stamps are encouraged to buy stamps and use them to their best advantage. The families still have the option as to how much they would like to invest in food stamps. This aspect of the program, like all others, depends on the Homemaker-family relationship. In a sense, this is a non-directive approach to education. The advantages of food stamps are presented to the family. The alternatives to food stamps are discussed and the family then makes its own decision. The discussion of food stamps naturally leads into further discussions on family meal planning and nutrition. Trips to the store with the family are made and discussions of the values of various foods and the economics involved are held.

Other successful starting points with families are housecleaning; preparing meals which are low in cost, high in nutrition and taste good; and altering and mending clothes. The immediate advantages of being able to provide younger children with clothes is obvious reinforcement as is making something useful out of a garment which was to be discarded. Quilting is a starting point which has many advantages. The Homemakers provide the quilting frames and work with the mothers individually at first. This, in turn, evolves into working with groups of mothers. It can be seen that here is the gradual emergence of an individual into the community. The next step is more complete community involvement and participation. (Rural Child Care Project, 66-183.7-3, 1967.)

The Homemakers also work to implement the medical services program. Medical cards have been used to their best advantage. This is in terms of utilizing them for both medical services and for prescriptions, a service which many families did not realize was available under this program. The Homemakers encourage pregnant Project mothers to visit their local physician or clinic for prenatal care, which the vast majority of the mothers have never before received. Post-natal care is also secured as well as family planning information where the mother desires it.

In order to reach a larger number of clients (each homemaker generally serves eight families), group meetings are held which are open to all Project participants. The Homemakers, as well as other persons interested in improving family life, participate in these meetings. Parent education for this phase of the Project is defined as: an educative process directed toward individuals in groups with goals of imparting knowledge, through a variety of methods and from a wide number of disciplines that may have a positive impact on the physical, emotional, social and economical life of the family. These programs are focused on such topics as: family relations, child care, budgeting, nutrition, good housekeeping practices, sewing, good health practices, home management, and the importance of education. These meetings supplement the individual direction given by the Homemakers as well as reach other clients who do not need extended individual attention. (Community Protective Services to Youth, 65-437-1-D and 65-437-1-TR, 1965.) Activities typical to the parent group meetings are: making curtains for the Child Development Centers, family planning sessions, making Christmas decorations and gifts, mending and sewing sessions with Homemakers teaching mothers to sew, making rag rugs, discussing problems in the home, nutrition classes, and personal grooming sessions. (Rural Child Care Project, Ky-CAP-66-0437, 1967.)

In addition to the basically educational areas already described, the Homemakers have also provided emergency services. They have helped families to help themselves where there has been sickness, death, fire, marital and legal problems. In all cases, referrals have been made to qualified professionals where the problem warranted it. (Rural Child Care Project, Third Annual Report, 1967.)

From the preceding discussion, the process of Homemaker service is easily identified: first, Social Worker contact with the family; second, orientation of the family to Homemaker service; third, development of Homemaker rapport with the family; fourth, starting where family wants to start; fifth, accomplishing objectives and goals which the Homemaker and family decide upon together.

Progress with individual families has been attributed to three factors. First, the Homemakers have a basic understanding of the people and communities in which they live. Second, their efforts have been coordinated by and planned jointly with the Social Worker. Third, the Homemakers implement their plan with a specific job which the family chooses. (Rural Child Care Project, 66-183.7-3, 1967.)

Follow-up Services

The Rural Child Care Project does not have a routine procedure for follow-up activities with participants upon completion of the program. The Project is designed to offer services to the children enrolled in the Child Development Centers and their families; a follow-up program is desirable but has not been financially feasible. After the child has completed the program, the formal contact is usually terminated. However, much informal contact is continued with the family. The Social Worker and/or Homemaker "drops by" to visit the family after the case is closed. Many former Project parents continue to participate as volunteers, as members of parent groups and as members of the Policy Advisory Committees.

There has been a limited number of families that have continued to receive Project social services after their child has completed the child development program. For example, if there is a younger sibling that will soon be eligible for the child development program, formal Homemaker and/or Social Worker contact may be continued. Another example is those families that may still need social services after the child has entered first grade. Cases of this type may be carried for a few months. (Rural Child Care Project, CG-2569-C, 1969.)

Evaluation

In the 1965-1966 Project year, the Research Evaluation Form was developed by the Research staff to obtain information for the assessment of the quality of homemaking and casework services offered to Project families. This was a 77-item, pre-coded questionnaire designed to measure change in physical appearance, consumer behavior and household operation. Thus it provided an indirect measure of the effectiveness of the Homemakers and Social Workers. After this form was administered to 310 families in the spring of 1966 (by the county staff), two additional items were included to provide an indication of the reliability of the data on the family. The revised form (Research Evaluation Form II) was

administered (again by the county staff) to 377 families in January and February, 1967. A total of 138 families were given the form twice. This data was used for descriptive purposes only. (Rural Child Care Project, Research, Ky-CAP-66-0437, 1967.) It was proposed that photographs of the families and their homes be taken and used along with the Research Evaluation Forms as possible outcome measure. This was done on a trial basis in two counties and was discontinued because it was impossible to get standardized pictures.

Ratings of household conditions were made on a sample of Project families for whom Project social services were initiated during the 1967-1968 fiscal year. Observations were made of household conditions in four areas: (1) adequacy of housing, (2) personal cleanliness and hygiene of family members, (3) nutrition and (4) safety and sanitation conditions within the home. In general no significant improvements were found in household conditions related to the type of Project services received. (See 1967-1968 Rural Child Care Project Final Report for detailed results of this survey.)

Informal evaluation of the social services program is done regularly by the Regional Training Supervisors and Social Worker/Homemaker Training Specialist. The Regional Training Supervisors use as their means of evaluation: site visits, Social Worker Monthly Reports, Social Worker and Homemaker case recordings and conferences with county staff members. The Social Worker/Homemaker Training Specialist uses the same type of information and also Regional Training Supervisor Monthly Reports. Recommendations are made in these reports by the Social Workers and Regional Training Supervisors and problems are presented with tentative solutions suggested.

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